

# RIGHT-OF-WAY PERMIT APPLICATION

ROW \_\_\_\_\_ - \_\_\_\_\_

- ☐ ROW USE  
☐ ROW EXCAVATION



THE CITY OF  
**INDIANAPOLIS**  
DEPARTMENT OF CODE ENFORCEMENT  
EST. 1821

ADDRESS OF ROW ACTIVITY: \_\_\_\_\_

<b>A. APPLICANT/AGENT INFORMATION</b>	<b>D. EXCAVATIONS:</b>
APPLICANT/AGENT NAME: _____	# PAVEMENT* EXCAVATIONS : _____
E-MAIL: _____	*PAVEMENT INCLUDED: IN OR UNDER CONCRETE, ASPHALT, GRAVEL BERMS
ADDRESS: _____	# NON-PAVEMENT EXCAVATIONS: _____
CITY, STATE, ZIP: _____	
PHONE NUMBER: _____	<b>E. TRAFFIC CONTROL DEVICES*:</b>
FAX NUMBER: _____	* PROVIDING NECESSARY TRAFFIC CONTROL IS YOUR RESPONSIBILITY
24 HOUR CONTACT: _____	<input type="checkbox"/> CONES <input type="checkbox"/> ARROWBOARD
24 HOUR CONTACT PHONE #: _____	<input type="checkbox"/> LIGHTED BARRELS <input type="checkbox"/> TYPE 3 BARRICADES
CONTRACTOR COMPANY: _____	<input type="checkbox"/> CONTROLLERS/FLAGGERS <input type="checkbox"/> ILEA OFFICER
CONTRACTOR NAME: _____	<b>F. METERS:</b> <input type="checkbox"/> \$18 OR <input type="checkbox"/> \$23 X # OF DAYS = \$
LIC. #: _____ LIC. #: _____	# OF METERS RESERVED/BLOCKED: _____
COMPANY LICENSE # INDIVIDUAL AGENT #	METER NUMBERS*: _____
<input type="checkbox"/> EMERGENCY SITUATION <input type="checkbox"/> CERTIFIED UTILITY	*IT IS THE RESPONSIBILITY OF THE APPLICANT TO VERIFY METER NUMBERS BEING RESERVED/BLOCKED
<b>B. WORK DESCRIPTION</b>	<b>G. <input type="checkbox"/> DPW* OR <input type="checkbox"/> CEG* PROJECT?</b>
<input type="checkbox"/> CONTAINER PLACEMENT <input type="checkbox"/> BANNER <input type="checkbox"/> OTHER (EXPLAIN)	PROJECT NAME: _____
	PROJECT #: _____
	PROJECT MGR.: _____
	PROJECT MGR. #: _____
<b>C. AREAS TO BE AFFECTED/USED BY WORK:</b>	*DPW = DEPARTMENT OF PUBLIC WORKS CEG = CITIZENS ENERGY GROUP
(LIST # OF LANES/SIDEWALKS/SHOULDERS TO BE AFFECTED BY WORK)	<b>H. IS PERMIT A RESULT OF A VIOLATION?</b>
AREA 1: STREET NAME: _____	<input type="checkbox"/> YES* <input type="checkbox"/> NO VIO -
<input type="checkbox"/> PARTIAL CLOSURE <input type="checkbox"/> TOTAL CLOSURE <input type="checkbox"/> SIDEWALK	
TRAFFIC LANES: _____ PARKING LANES: _____	<b>I. INDEMNIFICATION AGREEMENT:</b>
SHOULDERS: _____ BIKE LANES: _____	The petitioner/applicant hereby agrees to hold harmless, defend and to indemnify the Department of Code Enforcement and the City of Indianapolis from or against all claims, action, damages and expenses, including but not limited to reasonable attorney's fees or any alleged injury and/or death to any person or damage to any property arising, or alleged to have arisen out of any act of commission or omission on the part of the petitioner/applicant, his/her heirs, successors, or assigns regardless of whether such acts are the direct or indirect result of the public right-of-way use pursuant to this permit grant.
CULTURAL TRAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO # OF DAYS: _____	I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.
START DATE: _____ END DATE: _____	PRINT NAME: _____
AREA 2: STREET NAME: _____	SIGNATURE: _____
<input type="checkbox"/> PARTIAL CLOSURE <input type="checkbox"/> TOTAL CLOSURE <input type="checkbox"/> SIDEWALK	DATE: _____
TRAFFIC LANES: _____ PARKING LANES: _____	<b>J. NOTARY* USE ONLY:</b>
SHOULDERS: _____ BIKE LANES: _____	*NOTARIZE FOR ANY APPLICANT NOT A GENERAL CONTRACTOR.
CULTURAL TRAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO # OF DAYS: _____	SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE,
START DATE: _____ END DATE: _____	THIS _____ DAY OF _____, YEAR _____
<b>A DETAILED DETOUR ROUTE MAP WITH WRITTEN DIRECTIONS MUST BE SUBMITTED WITH ANY TOTAL ROAD CLOSURE REQUEST.</b>	STATE OF: _____ COUNTY OF: _____
<b>ALL WORK IS TO CEASE, ALL EQUIPMENT REMOVED AND ROADWAY REOPENED TO TRAFFIC OUTSIDE OF THE STANDARD WORK HOURS UNLESS OTHERWISE APPROVED BY THE DEPARTMENT.</b>	NOTARY PUBLIC: _____
<b>STANDARD WORK HOURS*:</b> 9 AM TO 3 PM FOR REGIONAL CENTER 8:15 AM TO 4:00 PM FOR THOROUGHFARE 7:00 AM TO 6:00 PM FOR NON-THOROUGHFARE	SIGNATURE: _____
**SPECIAL HOUR REQUESTS SHALL BE NOTED BELOW AND REVIEWED PRIOR TO APPROVAL OR DENIAL.	MY COMMISSION EXPIRES: _____
<b>SPECIAL HOURS:</b> _____	

FOR INTERNAL USE ONLY:

NOTIFIED?	APPROVED?
<input type="checkbox"/> IMPD	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> SPECIAL EVENTS	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> CUL. TRAIL/GEORGIA ST.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> METERS	ZONE: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> ADD CONDITIONS?	<input type="checkbox"/> Y <input type="checkbox"/> N
FAX/EMAIL	<input type="checkbox"/> IMPD <input type="checkbox"/> PIO <input type="checkbox"/> PARKINDY

THE CITY OF  
**INDIANAPOLIS**  
DEPARTMENT OF CODE ENFORCEMENT  
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REVISED: 01/04/2016

PERMIT AMOUNT \_\_\_\_\_